

# **COOPERATIVE AGREEMENT**

## **I. PURPOSE**

The purpose of this agreement is to promote cooperation between the Arizona Long-Term Care Ombudsman Program and \_\_\_\_\_ in advocating for (to advocate for) clients to maintain their dignity, autonomy, rights and choice in everyday life and care.

## **AGREEING PARTIES**

This agreement is between \_\_\_\_\_ and \_\_\_\_\_

## **II. DEFINITIONS**

The following terms are defined:

- 1) **Client**: an individual age 60 or older who needs or could benefit from the services of the parties named in this agreement.
- 2) **State Ombudsman**: is responsible for the operation of the statewide long-term care ombudsman program and provides technical assistance and support to local ombudsmen (programs).
- 3) **Certified Ombudsman**: a person paid or unpaid who has met the certification standards established by the Office of State Long-Term Care Ombudsman (OSLTCO) and is authorized to carry out the responsibilities of the Ombudsman Program.

## **III. ROLES**

The Ombudsman Program shall fulfill the following functions in carrying out it's responsibilities under P.L. 100-175, Section 307(a)(12) and ARS 46-452.01.

- 1) Advocate to resolve complaints in accordance with Arizona Ombudsman policies and procedures.
- 2) Make referrals based on client needs in compliance with Ombudsman protocol.

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- 3) Work with agency/program staff to resolve issues and make appropriate referrals.
- 4) Participate in joint-training and education programs.
- 5) Cooperate in accomplishing the obligations under this agreement.
- 6) Hold periodic meetings to discuss service delivery issues.
- 7) Share client information necessary to obtain agency/program services while maintaining strict client confidentiality protocols.

The agency/program shall;

(This section is purposely left blank and will be filled out based on what the partner agency agrees to.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

- Participate in joint-training and education programs when possible.
- Cooperate in accomplishing the obligations under this agreement.

### **APPROVALS**

\_\_\_\_\_  
(Ombudsman Program)

\_\_\_\_\_  
(Agency/Program Representative)

By \_\_\_\_\_ By \_\_\_\_\_

By \_\_\_\_\_ By \_\_\_\_\_  
(Assistant Director DES-DAAS) (Agency Director)

Date \_\_\_\_\_ Date \_\_\_\_\_